P84000077727

| (Requestor's Name) |
|---|
| |
| (Address) |
| (.a.a.a.a, |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| |
| (Business:Entity Name) |
| |
| (Document Number) |
| |
| Cartificat Carries Cartificates of Status |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| 1 |
| |
| |

Office Use Only



500159156195

annew

08/04/09--01027--029 **43.75



1000 B (1009

COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

| NAME OF CORPORATION: | Dress | N STYLE, INC. | |
|--|----------------------------|--|--|
| DOCUMENT NUMBER: <u></u> | 040000 | 77727 | Na Andrew Committee |
| The enclosed Articles of Amena | <i>lment</i> and fee a | re submitted for filing. | |
| Please return all correspondence | concerning thi | s matter to the following: | |
| · | RAUL. | E. B. LLINI ame of Contact Person | |
| | N | ame of Contact Person | |
| بے | Dress in | Style, INC. | |
| | | Firm/ Company | |
| | 7881 NO | N 169 TERRACE | |
| | <i>t</i> | Address | |
| | Adia is | (14.0 El 33011 | |
| alaide haide photos and a state of the state | <i>1718Mi</i> . | LAKES, FL 33016 ity/ State and Rip Code | |
| E-mail | uneisin(| A YAHOO, COM d for future annual report notification) | |
| For further information concern | - | | |
| RAUL E. BI | Llini | at (305) \$20-0 Area Code & Daytime Te | 997 |
| Name of Contact Pers | on | Area Code & Daytime Te | lephone Number |
| Enclosed is a check for the follo | wing amount n | nade payable to the Florida Depar | tment of State: |
| | Filing Fee & ate of Status | ☐ \$43.74 Filing Fee & Cortified Copy (Adoitional copy is enclosed) | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporation P.O. Box 6327 | s | Street Address Amendment Section Division of Corporations Clifton Building | |

2661 Executive Center Circle

Tallahassee, FL 32301

| | Articles of Amendment | |
|--|--|---|
| • | 10 | FILED |
| Α | articles of Incorporation of 2009 | Atra |
| S | 2003 | AUG -4 PM 2: 58 |
| (Name of Corporation as curre | TYLE, INC. SEC | RETARY |
| (Name of Corporation as curre | ntly filed with the Florids De | AHOISTALE FLORIDA |
| P040 | 00077727 | |
| (Document Num | ber of Corporation (if known) | |
| ursuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation: | , Florida Statutes, this <i>Florida</i> | a Profit Corporation adopts the following |
| If amending name, enter the new name of | the corporation: | |
| | | The n ew |
| ame must be distinguishable and contain to bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "prof | designation "Corp," "Inc," or fessional association," or the a | "Co". A professional corporation |
| . Enter new principal office address, if appl Principal office address MUST BE A STREET | | |
| incipal office address <u>Prost BE A STREET</u> | [ADDORUSE] | |
| | | |
| | M toppy and the first state of t | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFIC | E BOX) | |
| | | |
| | gar many a year to the second of the second | |
| . If amending the registered agent and/or re | egistered office address in Flo | rida, enter the name of the |
| new registered agent and/or the new regis | | |
| Name of New Registered Agent: | | |
| Name of New Registered Agent. | Name | |
| New Registered Office Address: | (Florida street addre | ss) |
| | , | |
| - | (C(n _i)) | , Florida (Zin Code) |
| | (3216)3 | (inf. come) |
| ew Registered Agent's Signature, if changin | g Registeren Agent: | |
| hereby accept the appointment as registered a | zent. I am femiliar with and ac | ecept the obligations of the position. |
| | | |
| S | ignature of New Registered Age | ent, if changing |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

| - Title | <u>Name</u> | Address. | Type of Action |
|----------------|---|---|--------------------------|
| VETD | Isabel C. HerNandez | 7881 NW 169 TERR MIAMI JAKES FL 33016 | Add Remove |
| VP <u>TD</u> | HERNAN C. NARANJO | 7881 NW 169 TERR Miami LAKES EL 33016 | ☐ Add ⊠ Remove |
| SD_ | YUNEISI NARANTO | 7881 NW 169 TERR Minni Lakes FL 33016 | ☐ Add ■ Remove |
| | | | |
| | | | |
| F. If an a | mendment provides for an exchange, rec | lassification, or cancellation of is | aued shares. |
| <u>provisi</u> | ons for implementing the amendment if not applicable, indicate N/A) | | |
| | | | |
| | | | |
| | | | |

| The date of each amendmen | t(s) adoption: 07/17/09 |
|--|---|
| Effective date <u>if applicable</u> : | t(s) adoption: 07/27/09 (date of adoption is required) 07/27/09 (no more than 90 days after arresidment file date) |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/w | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| The amendment(s) was/we must be separately provide | are approved by the shareholders through voting groups. The following statement ed for each voting group entities to vote separately on the amendment(s): |
| "The number of votes | cast for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| | (voting group) |
| The amendment(s) was/we action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | are adopted by the incorporators without shareholder action and shareholder |
| Signature (By | The Bellier a director, president or other at Geor — if directors or officers have not been |
| | ected, by an incorporator - if in the hands of a receiver, trustee, or other court cointed liduciary by that fiduciary) |
| | (Typed or printed name of person signing) |
| | |
| | (Title of person signing) |
| | (Title of person signing) |